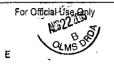
U.S. Department of Labor Office of Labor-Management • Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amenced. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 101 6	2, Fiscal Year Covered From:
,	01: / 01 / 2004 Through: 12/31 / 200H
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name DORGE L SPATING	Name LOCAL 108, RWDSU, UFCW, AFL-CIO, CLC
	Labor Organization File Number 692833
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, if any
Street 1576. Springfield avenue	Street 1576 Springfield Avenue
City Map lewcod	City Maplewood
State NJC ZIP Code + 4 07040	State NJ ZIP Code + 4 07040
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name HORIZON BLUE CROSS BLUE SHIELD OF NU	06/15/04 Dinner - \$90.00
Trade Name, if any: Third Party Admin istrator	10/21/04 Lines - \$35.00
P.O. Box, Bldg., Room No., if any	
Street 3 Penn Plaza Fast	7.b. Amount.
City Newark (s125.00
State 1907-105-2220	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) I affirm that I have made a good-faith effort to recall all reportable transactions that occurred in 2004. I have made an effort to report a reasonable estimate of their value. Signed On 8/11/05 (973) 762-7224 Ext #26	
JORGE L. SEMIDEY	Date Telephone Number

Name of Person Filling JORGE L. SEPTERS	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selfing or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selfing or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name 1997	
Trade Name, if any:	a. Labor Organizal on b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	For all
City A Company of the	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street Street	Late (Control of the Control of the
10 h 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11.b. Approximate dollar value of such dealing.
City KENDERENEEDER FLAGRED BEINGEREICH	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name BORIZON BLUE CROSS BLUE SEIELD OF NJ	06/15/04 - \$90.00 Dinner
Trade Name, If any: Third Party Adm . istrator	10/21/4 - \$35_30 Lunch
P.O. Box, Bldg., Room No., if any	
Street 3 Penn Plaza Bast	
City Newarck	
State NJ ZIP Code + 4 07105-2200	
13.b. Is the Business an Employer X or Consultant 7	14.b. Amount of payment.
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JORGE L. SEMIDEY